Fill in this informatio	on to identify your case:	
Debtor 1	Vincent J. Domenico	
Debtor 2 (Spouse, if filing)	Kristen D. Domenico	
United States Bankr	ruptcy Court for the: DISTRICT OF NEW JERSEY	
	23-12908	Check if this is:
(If known)		An amended filing
		☐ A supplement showing postpetition chapter 13 income as of the following date:
Official For	m 106l	MM / DD/ YYYY

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	t 1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	Employment status	☐ Employed	■ Employed
	attach a separate page with information about additional	Employment status	■ Not employed	☐ Not employed
	employers.	Occupation	Disabled	Nurse
	Include part-time, seasonal, or self-employed work.	Employer's name		The Heritage Assited Living
	Occupation may include student or homemaker, if it applies.	Employer's address		45 Route 206 Hammonton, NJ 08037
		How long employed th	nere?	1 Year
De	civo Dotailo About Mon	othly Income		

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 2 or For Debtor 1 non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 0.00 7,083.33 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 0.00 7,083.33

Schedule I: Your Income Official Form 106I page 1

Debt Debt		Vincent J. Domenico Kristen D. Domenico			Ca	ase number ( <i>if kno</i>	own)	23-12908			
					F	For Debtor 1		For Debtor			
	Cop	by line 4 here		4.	\$	<b>0</b>	.00	\$ 7	,083	.33	-
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Securi	ty deductions	5a.	9	0	.00	\$ 1	,865	.06	
	5b.	Mandatory contributions for retir		5b.	\$		.00	\$		.00	-
	5c.	Voluntary contributions for retire	-	5c.	\$	<b>0</b>	.00	\$	C	.00	•
	5d.	Required repayments of retireme	ent fund loans	5d.	\$	<b>0</b>	.00	\$	0	.00	•
	5e.	Insurance		5e.	\$	0	.00	\$	C	.00	-
	5f.	Domestic support obligations		5f.	\$	0	.00	\$	C	.00	
	5g.	Union dues		5g.	\$	0	.00	\$	O	.00	
	5h.	Other deductions. Specify:		_ 5h.+	+ \$	<b>0</b>	.00	+ \$	0	.00	
6.	Add	d the payroll deductions. Add lines	5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	. 0	.00	\$1	,865	.06	-
7.	Cal	culate total monthly take-home pay	Subtract line 6 from line 4.	7.	\$	0	.00	\$5	,218	.27	-
8.	List 8a.	profession, or farm Attach a statement for each proper receipts, ordinary and necessary by	and from operating a business, ty and business showing gross								
		monthly net income.		8a.	\$	·	.00	\$		.00	
	8b.	Interest and dividends		8b.	\$	<b>0</b>	.00	\$	0	.00	_
	8c. 8d.	regularly receive Include alimony, spousal support, of settlement, and property settlement Unemployment compensation		8c. 8d.	9	0	.00	\$ \$		0.00	
	8e.	Social Security		8e.	\$	<b>0</b>	.00	\$	0	.00	
	8f.		llue (if known) of any non-cash assistance nps (benefits under the Supplemental	8f.	\$	<b>6</b> 0	.00	\$	C	.00	
	8g.	Pension or retirement income		8g.	\$	<b>0</b>	.00	\$	0	.00	_
			Workers' Compensation disability		_	0.700	00	_	_		
	8h.	Other monthly income. Specify:	payments	_ 8h.+		·				.00	
		Applebees		_	9		.00	\$		.68	-
		Bayada		_	\$	• <u> </u>	.00	\$ <u>1</u>	,057	.96	
9.	Add	d all other income. Add lines 8a+8b-	-8c+8d+8e+8f+8g+8h.	9.	\$	3,780	.00	\$	1,13	3.64	ı
10.		culate monthly income. Add line 7 -		10. \$		3,780.00	+ \$_	6,351.91	= \$	; <u> </u>	10,131.91
11.	State Included the Do it	te all other regular contributions to ude contributions from an unmarried p er friends or relatives.	the expenses that you list in Schedule partner, members of your household, your ded in lines 2-10 or amounts that are not a	depen				ed in <i>Schedul</i>	e J. +\$		0.00
12.		te that amount on the Summary of Sci	ine 10 to the amount in line 11. The resinedules and Statistical Summary of Certain						\$		10,131.91
13.	Do :		within the year after you file this form?	?						mbir nthl	ned y income
		No.									

Eill :	n this informs	ition to identify y	Our case:					
Debte		Vincent J. D				Ch	eck if this is:	
Debit	OI I	vincent J. D	omenico				An amended filing	
Debte (Spor	or 2 use, if filing)	Kristen D. D	omenico			_	A supplement show 13 expenses as of	wing postpetition chapter the following date:
Unite	ed States Bank	ruptcy Court for the	e: DISTRI	CT OF NEW JERSEY			MM / DD / YYYY	
Case (If kn		3-12908						
Of	ficial Fo	rm 106J						
Sc	hedule	J: Your	<b>Exper</b>	ises				12/1
info	rmation. If mation if mation in the mation i	ore space is ne n). Answer eve ribe Your Hous	eeded, atta ry questio	. If two married people and chanother sheet to this n.				
	☐ No. Go to	line 2.						
	Yes. Doe	es Debtor 2 live	in a separ	ate household?				
	■ N	-	st file Offici	al Form 106J-2, <i>Expenses</i>	s for Separate House	ehold of De	ebtor 2.	
2.	Do you hav	e dependents?	□ No					
	Do not list D Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state	the			_			□ No
	dependents	names.			Son			■ Yes □ No
					Daughter		11	■ Yes
								□ No
								☐ Yes
								□ No
2	De veur ev	aanaaa inaluda	_					☐ Yes
3.	expenses o	oenses include f people other t d your depende	than 🗖	No Yes				
Part	2: Estim	ate Your Ongo	ing Month	y Expenses				
expe				uptcy filing date unless y y is filed. If this is a supp				
Inclu	ude expense	s paid for with	non-cash	government assistance i	if vou know			
the v		h assistance ar		cluded it on Schedule I:			Your exp	enses
4.		or home owners and any rent for th		ses for your residence. I or lot.	nclude first mortgage	e 4.	\$	1,904.58
	If not include	led in line 4:						
	4a. Real	estate taxes				4a.	\$	0.00
		rty, homeowner	's, or renter	's insurance		4b.	*	0.00
	4c. Home	maintenance, re	epair. and ι	upkeep expenses		4c.	\$	200.00

0.00

4d. Homeowner's association or condominium dues

Additional mortgage payments for your residence, such as home equity loans

	otor 1 otor 2	Vincent J. Domenico Kristen D. Domenico	Case num	ber (if known)	23-12908
6.	Utilit 6a.	ies: Electricity, heat, natural gas	6a.	\$	450.00
	6b.	Water, sewer, garbage collection	6b.	\$	250.00
	6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	300.00
	6d.	Other. Specify:	6d.		0.00
7.		l and housekeeping supplies	7.		1,028.00
8.		Icare and children's education costs	8.	\$	350.00
9.		ning, laundry, and dry cleaning	9.	\$	200.00
		onal care products and services	10.	·	279.00
		cal and dental expenses	11.	\$	200.00
12.		sportation. Include gas, maintenance, bus or train fare. ot include car payments.	12.	\$	510.00
13		rtainment, clubs, recreation, newspapers, magazines, and books	13.	·	400.00
		itable contributions and religious donations	14.	·	400.00
	Insu	•		<u> </u>	400.00
		ot include insurance deducted from your pay or included in lines 4 or 20.			
	15a.	Life insurance	15a.	\$	0.00
	15b.	Health insurance	15b.	\$	285.00
	15c.	Vehicle insurance	15c.	\$	200.00
	15d.	Other insurance. Specify:	15d.	\$	0.00
	Spec	•	16.	\$	0.00
17.		Illment or lease payments:	17a.	¢	620.94
		Car payments for Vehicle 1	17a. 17b.	*	639.81
		Car payments for Vehicle 2	17b. 17c.	· -	0.00
		Other. Specify: Other. Specify:	17c.	·	0.00
12		payments of alimony, maintenance, and support that you did not report as		Ψ	0.00
10.		icted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18.	\$	0.00
19.		r payments you make to support others who do not live with you.		\$	0.00
	Spec	ify:	19.		
20.		r real property expenses not included in lines 4 or 5 of this form or on Sche			
		Mortgages on other property	20a.	· -	0.00
		Real estate taxes	20b.		0.00
		Property, homeowner's, or renter's insurance	20c.		0.00
		Maintenance, repair, and upkeep expenses	20d.		0.00
	20e.	Homeowner's association or condominium dues	20e.		0.00
21.	Othe	r: Specify: Personal grooming and miscellaneous	21.	+\$	300.00
22.	22a.	ulate your monthly expenses Add lines 4 through 21.		\$	7,896.39
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	22c.	Add line 22a and 22b. The result is your monthly expenses.		\$	7,896.39
23.	Calc	ulate your monthly net income.			
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	10,131.91
	23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	7,896.39
	23c.	Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c.	\$	2,235.52
24.	For ex				ease or decrease because of a

Fill in this info	rmation to identify your	case:		
Debtor 1	Vincent J. Domen	ico		
	First Name	Middle Name	Last Name	
Debtor 2	Kristen D. Domen	nico		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court for the:	DISTRICT OF NEW JERSE	≣Y	
Case number	23-12908			
(if known)				

Check if this is an amended filing

## Official Form 106Dec

## **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone wh	o is NOT an attorney to help you fill out bankruptcy forms?
No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119)
	ve read the summary and schedules filed with this declaration and
	ve read the Summary and Schedules med with this declaration and
Inder penalty of perjury, I declare that I h hat they are true and correct.  X /s/ Vincent J. Domenico	X /s/ Kristen D. Domenico
hat they are true and correct.	•
hat they are true and correct.  X /s/ Vincent J. Domenico	X /s/ Kristen D. Domenico